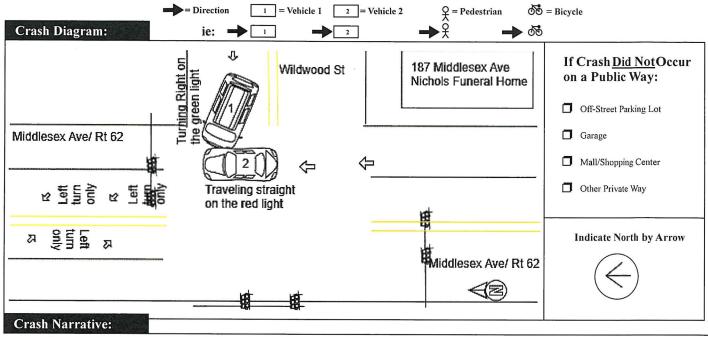
	Police Use Only	Com	nonwealth (	of Massach	usetts	RN				
	Date of Crash   Time of Crash   10/20/2020   <b>0810</b>   <b>Wil</b> i	City/Town	Motor Veh	icle Crash	Number Vehicles	Number Injured	Speed Lim	it 35	State Police Local Police MBTA Police	000
	24HR	ariig con	Police 1	Report	2	0	Latitude Longitude		Campus Police Other:	8
	AT INTERSECT	ION:	< LOCA	TION >		NOT A	T INTEI	RSECT	rion:	
	MIDDLES			. ,					<b>2</b> 10	
<sup>1</sup> 1	Route# Direction	Name of Roadway/Str	reet	Route# Direction	Address #		Name o	f Roadwa	ay/Street	
1	WILDWOO	At D. C.W.		Feet N S	E W of			- or		
		ne of Intersecting Roadw	/ay/Street			Mile M	arker		Exit Number	3 11
		Also at Intersection w	ith	Feet N S		Route#	Inter	secting R	toadway/Street	- []
<sup>2</sup> <b>2</b>	Route# Direction Nam	ne of Intersecting Roadw	/ay/Street	Feet N S	E W of			andmark	-	
	Please Select One Vehicle 11	#Occupants Hit/	Run Moped	Crash Report	104 20	-23	******			┪
3	or are ronowing.									_
	10 10	DOB/Age		SPRAY					21	$\frac{1}{1}$
	Sex Lic. Class D	Restrictions C	ndorsement	rear <u>2017</u>				Veh	Config. 1	
4 .	Operator BRANSFIELD, J	First	Middle	er <b>BRANSFIEI</b> Last	LD, JA	MES 1	7	Mid	Idle	
<sup>4</sup> 3	Address 15 GLENDALE CI			ess 15 GLEND	ALE C	IR				-   .
	City WILMINGTON State	MA Zip 01887	7-1901 City	WILMINGTON	T				887-1901	-, I
	Insurance Company <b>SAFETY IN</b>	SURANCE CO	MPANY Vehic	le Action Prior to Crash	3		amaged Are	a Code:	8 <sup>27</sup> 27 27 - 28	]
<sup>5</sup> 1	Vehicle Travel Direction: N S E	Responding to Emerg	gency? 2 Even	Sequence 23	23 23	23	est Status; ype of Test:	1	29	
1	Citation # (If Issued)		Most	Harmful Event 1	24		AC Test Re	sult:	30	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	r Contributing Code	1 25	25	usp. Alcoho		Susp. Drug: 2 32	<b>1</b> 13
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26		owed from s		2 33	-
<sup>6</sup> 1	•	ntor and all occupants inv			34 35 Seat Safety	36 37 Airbag Eject	38 39 Trap Injur Code Statu			_
	Name (Last First Middle)  Operator		Address	DOB/Age Sex	Pos. System	Status Code		1 1	Medical Facility	
	Орегиног	26	e Above		1 1	4 0	0 10	1		
									-	
<sup>7</sup> 3	Please Select One of the Following:	#Occupants Non-	-Motorist A Type	15 Action 16 I	Location	17 Condi	tion 18		lit/Run Mope	ed
	License # <b>S94927037</b> St <b>M</b>	A DOB/Age	Pag #	14ES27	<u> </u>	Pog Typ	. PC	Po	g State <b>MA</b>	$\dashv$
		20	_	ear 2016					Config. 1	T I
	Operator CARRIGG, BARB	Er	idorsement	er CARRIGG,				ven c	conng.	¹
<sup>8</sup> 1	Address 10 RIDGEWOOD I	First	Middle	es 10 RIDGE		First	MY111	Mid	idle	-
	City BURLINGTON State			BURLINGTON			. 1/7	O1	.803-1024	1 14
	Insurance Company THE COMME	,					amaged Are	• -		- I I
			_	le Action Prior to Crash	23 23		est Status:	1	28	<u>ا</u> ا
	Vehicle Travel Direction: SEW	Responding to Emerg		Sequence 1	24	1	ype of Test:	F	29	
<sup>9</sup> 2	Citation # (If Issued)		Most	Harmful Event 1		B	AC Test Re	sult:	1 30	_
	Viol. 1: Ch/Sec/Sub V	Viol. 2: Ch/Sec/Sub —	Drive	r Contributing Code	19 <sup>25</sup> 3	25 St	usp. Alcohol	2 31	Susp. Drug: 2 32	2
		Viol. 4: Ch/Sec/Sub —		r Distracted by 99	26		owed from s	عا ــــــــــــــــــــــــــــــــــــ	2 33	_
	Please fill out for operator/nor Name (Last First Middle)	n-motorist and all occupa	nts involved Address	DOB/Age Sex	34 35 Seat Safety Pos. System	36 37 Airbag Eject Status Code	38 39 Trap Injur Code Statu		Medical Facility	
	Operator/Non-Motorist	Se	e Above	X	1 1	4 0	0 10	1		
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					<del>                                     </del>			+		_



On 10/20/20, I responded to a two vehicle crash at the intersection of Middlesex Ave at Wildwood St. No injuries had occured. It was reported by Veh 1 operator that he was on Wildwood St and had the green light. He stated he entered the intersection turning right onto Middlesex Ave. He reported Veh 2 ran the red light and the two cars collided. Veh 2 operator reported that she was traveling on Middlesex in the direction of Federal St and couldn't recall what color the light was and may have ran the red light. Both operators were wearing seat belts. Veh 1 suffered damage to front bumper and front drivers side quarter panel. Veh 2 suffered damage to front passenger quarter panel and front passenger door. No tows were required. Road conditions were dry, weather was cloudy and traffic signals were functioning at time of crash.

Witnesses:						-
Name (Last, First, Middle)	Address			Phone #	Statement	
Property Damage:						
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged Property	
			н			
						20
Carrier Name  Address  US DOT #:  Interstate  Trailer Reg #:  Hazmat Information:  Placard  Material 1 digit #	State Number	GVWR/GCWR	City Issuing State	MC/MX	StZip	

Patrol Officer Daniel P Furbush

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Wilmington Police Department

10/20/2020

Department

## Wilmington Police Department Images Associated with 20-232-AC



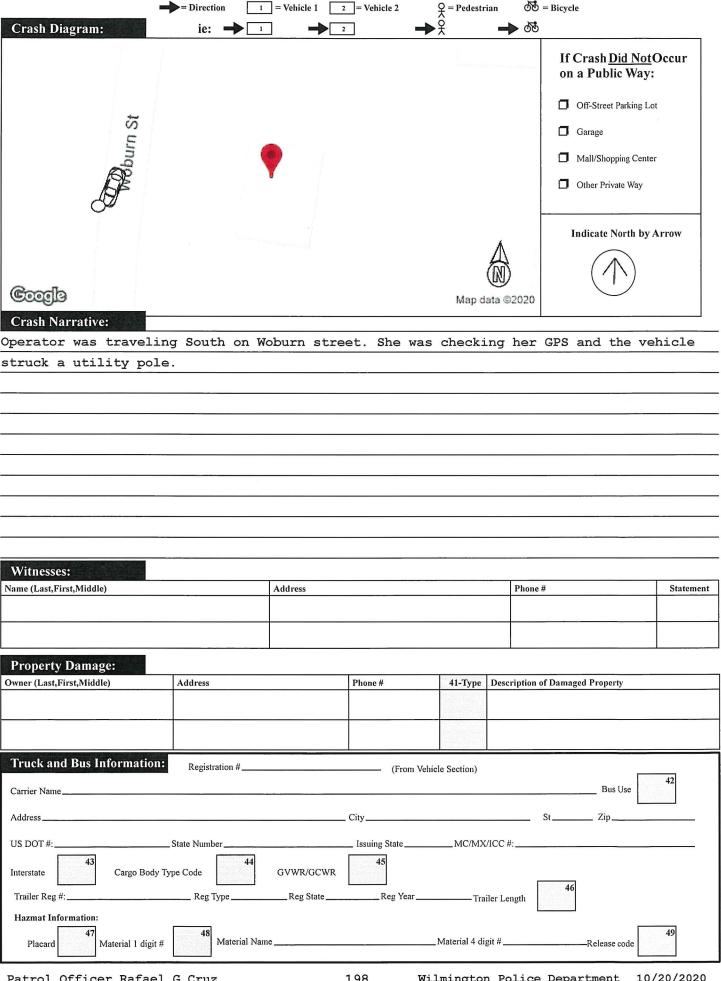








	Police Use Only	onwealth of Massachusetts RMV Document Number									
	Date of Crash   Time of Crash   10/20/2020   1712   Wil:	City/Town mington	Motor Veh	icle Cras	$\mathbf{h}  \begin{bmatrix} \mathbf{N} \\ \mathbf{V} \end{bmatrix}$	lumber ehicles	Number Injured	Speed Lin	nit	State Police Local Police MBTA Police	
	24HR	ming con	Police	Report	1		0	Latitude _ Longitude		Campus Police Other:	
	AT INTERSECT	ION:	< LOCA	TION >		ľ	NOT AT	INTE	RSEC	TION:	
					10	2	WORII	RN S	Th.		2 10
1_	Route# Direction	Name of Roadway/Stre	eet	Route# Direction		ress #				vay/Street	_
1		At		Feet N	SEW	of –		_ • -	— or _		
	Route# Direction Nam	me of Intersecting Roadw	<del></del>	T.			Mile Ma	rker	<del></del>	Exit Number	<b>1</b> 11
		Also at Intersection wi	th		SEW	_ 1	Route#	Inte	rsecting l	Roadway/Street	
<sup>2</sup> 1	Route# Direction Name	me of Intersecting Roadwa	ay/Street	Feet N	SEW	_ ot			Landmar	le .	_
	Please Select One Vehicle 11	#Occupants Hit/F	Run Moped	Crash Re	part ID#	20-	-23			N.	1
3	of the Following.										4
	10 10	DOB/Age		# 1GJE19						21	1 12
	Sex <b>F</b> Lic. Class D Lic. 1  Operator <b>GREGORY</b> , <b>AMAN</b>	En	dorsement	<sub>Year</sub> 2016 er COBUCCI			_			Config.	
<sup>4</sup> 1	Address 963 SOUTH ST	First	Middle .	er <u>COBOCC I</u> ess <b>963 SO</b> T	it		First	THON		iddle	
_	City <b>TEWKSBURY</b> Stat	e MA 7 in 01876		TEWKSBUR			Sto	ıa MZ	7in 0	1876-2365	
	Insurance Company PROGRESSI	•		cle Action Prior to C		1 2		amaged Ar			
	Vehicle Travel Direction: NXEW	Responding to Emerg	_	t Sequence 22 23		<del></del>	_] 23 Te	st Status:		1 28	
5	Citation # (If Issued)		Most	<u> </u>	22 24		_	pe of Test		29	
	Viol. 1: Ch/Sec/Sub	Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	99	25	25	AC Test Ro isp. Alcoho		1	<b>22</b> <sup>13</sup>
6	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	99 26			wed from		1 33	H
<sup>6</sup> 1	Please fill out for opera	ator and all occupants inve	olved Address	DOB/Age	34 Seat Sex Pos.	Safety A	36 37 Airbag Eject Status Code	38 39 Trap Inju Code Stat	iry Transp.	Medical Facility	7
	Operator		e Above	DOBINGE	1	99 5		0 10	1	Medical Pacinty	
						+					
						+					-
	Please Select One	#O		15 1	16		17	1	8	<u> </u> 	1
<sup>7</sup> 1	of the Following: Vehicle 2	_#Occupants Non-	Motorist A Type	Action	Locati	on	Condit	ion		Hit/Run Moped	
	License # St St St	DOB/Age	Reg	#			Reg Type		R	eg State	.
	Sex Lic. Class Lic. I	Restrictions   CD	DL Veh 'dorsement	Year	Veh M	lake		***************************************	Veh		
<b>2</b>	Operator	First	Middle	erLas	1		First		M	iddle	
	Address State	a Zin		ess			Sta		7in		1 14
	Insurance Company			ele Action Prior to C		2:	<del></del>	amaged Ar		27 27 27	
	Vehicle Travel Direction: NSEW	Responding to Emerge		t Sequence 23		23 2		st Status:		28	
9	Citation # (If Issued)		Most	Harmful Event	24			pe of Test		30	
2	Viol. 1; Ch/Sec/Sub ————	Viol. 2: Ch/Sec/Sub ——	Drive	r Contributing Code		25	25	AC Test Re sp. Alcoho	7		
	Viol. 3: Ch/Sec/Sub	Viol. 4: Ch/Sec/Sub	Drive	r Distracted by	26			wed from	L	33	
	Please fill out for operator/no:	•	nts involved	DOB/Age	34 Seat Sex Pos.	Safety A	36 37 irbag Eject status Code	38 39 Trap Inju Code Stat	ry Transp.	Medical Facility	1
	Operator/Non-Motorist		e Above		1	System 3	Cone	Sac Sal		Modean Edenity	7
											1
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						++					1
					1	1 1	1	i I	1		1



Patrol Officer Rafael G Cruz

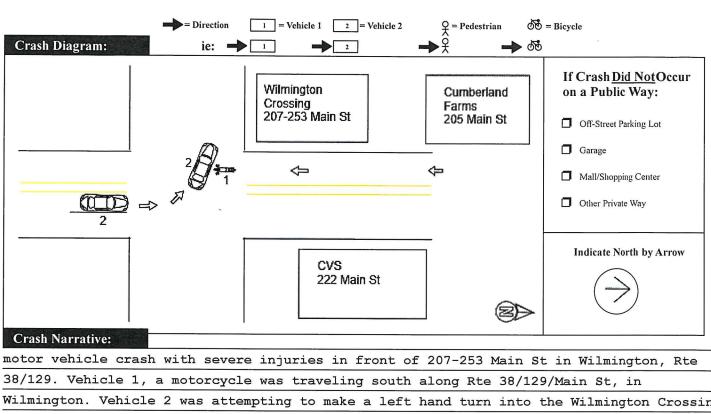
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Wilmington Police Department

10/20/2020

Department

	Police Use Only Comr			monwealth of Massachusetts RMV Document Nun						umber	:						
	Date of Crash 10/24/2020	Time of Crash	1	City/Town ington	Moto	r Veh	icle Cra	sh		1	Numbe	Specie	d Limit	35	Local	Police Police Police	
	10,24,2020	24HR	M T TIII.	ing con	P	olice :	Report		2		2	Lann	ide itude			us Police 🔲	
		AT INTER	SECTIO	N:	<	LOCA	TION :	>		N	NOT A	T IN	TER	SEC	TION:		
									210		142 T	NT 01	m				2 10
1	Route# Dire	ction		Name of Roadway/	Street		Route# Direct	ion	219 Addres		MAT	N S'		Roadw	vay/Street		
<sup>1</sup> 1				At			Feet	N S	E W	of				or			
	Route# Dire	ction	Name	of Intersecting Road	dway/Street						Mile N	⁄larker		· .	Exit 1	Number	3 11
				Also at Intersection	with				EW o	F	Route#		Interse	ecting F	Roadway/	/Street	
<sup>2</sup> 1	Route# Dire	ction	Name	of Intersecting Road	dway/Street		Feet	N S	E W c	of _							
	Please Select 0	000 574												ndmarl	k		1
³99	of the Followi	ng: Vehicl	e 1 <u> </u> #	Occupants H	it/Run	Moped	Crash R	eport l	ID# 2	20-	-23	4 –	AC				]
	License # S1	2927040	_	_ DOB/Age.		Reg #	2B8494				. Reg Ty	ре <u>РС</u>	<u>;                                    </u>	R	eg State 🎝		12
	Sex M Lic.	Class D M	Lic. Res	strictions 20	CDL Endorsement	_ Veh `	Year <b>1994</b>	v	eh Mak	ce SU	ZIK	I		Veh	Config.	3 21	
4	<b>1</b>	RTKA , DZ	F	JAMES irst	Middle	_ Own	er <b>HARTKA</b> I	, D	AVI	D J	AME First	s		Mi	iddle		
<sup>4</sup> 3	l	INEHURS				_ Addr	ess 9 PINE	HUI	RST								
				<b>/A</b> Zip <b>0182</b>		City_	BILLERI	CA_	F .		_					-5901	
	Insurance Comp	oany GEICO	INDE	MNITY CO	MPANY	_ Vehic	cle Action Prior to		_ 1		<u></u>	Damage Test Sta		Code:	11 27	27 27	
<sup>5</sup> 1	Vehicle Travel I	Direction: N	EW	Responding to Em	ergency? 2	_ Even	t Sequence 1	23	Ц.	23 2	٦	Test Sta Type of			29		
- <del>-</del> -		sued)					Harmful Event	1	24			BAC Te		ılt:	1 30		12
	Viol. 1: Ch/Sec/	Sub ———	Vic	l. 2: Ch/Sec/Sub -		Drive	er Contributing Co		19 <sup>2</sup>	.5	25	Susp. A	lcohol:	2 31		orug: 2 32	1 13
<sup>6</sup> 1	Viol. 3: Ch/Sec/			ol. 4: Ch/Sec/Sub -		Drive	er Distracted by	99	26			Towed f	.,		1 33		
	Name (Last First N		for operator	r and all occupants i	nvolved Address		DOB/Age	Sex		Safety A	36 3 irbag Eje tatus Co	et Trap	39 Injury Status	40 Transp. Code	Med	lical Facility	
	Operate	or			See Above		><	X	1	5 5	1	0	7	2	Lahey C	linic	
																	]
																	1
		·															
	Please Select (	One Vehicle	<u>.1</u> #	Occupants			15	16			17	<u></u> Г	18				1
<sup>7</sup> 2	of the Followi	ng:	: 4 <u>+</u> "	No	on-Motorist A	Туре	Action		ocation		Con	dition			Hit/Run	Moped	
		1153683	St <b>MA</b> 9	_ DOB/Age.		_	# 7HM958					ре <u>РС</u>	<u> </u>	R	eg State 🕽	MA 21	
	Sex <b>F</b> Lic.	Class D	Lic. Res	trictions	CDL Endorsement						BAR	<u> </u>		Veh	Config.	1	
<sup>8</sup> 2		K, KRIST	rı	rst	Middle		er ZUK, K	ast			First			Mi	iddle		
		RANDOLP			7-2830		ess <u>23 RAN</u>			RD		34	n	. 07	1007	2020	14
				<u>(A. <sub>Zip</sub> 0188</u> R INSURAN		-	WILMING		Г	22	_	tate <u>IVI</u> Damage			<del>,</del>	<u>-2830</u>	
	Vehicle Travel D			Responding to Eme			t Sequence		23 2	7	_	Test Sta			1 28		
		aued) <b>T2061</b>		Responding to Eme	sigency:		Sequence 1	1	24			Type of	Test:		29		
<sup>9</sup> 2	Viol. 1: Ch/Sec/S			ıl. 2: Ch/Sec/Sub -			er Contributing Co			5	25	BAC Te	,		1 30	32	
	Viol. 1: Ch/Sec/s			l. 4; Ch/Sec/Sub =		-	•	99	26			Susp. Al Towed f			Susp. L	Orug: 2 32	
				notorist and all occu	pants involved				34 Seat		36 31 irbag Eje	38	39 Injury	40 Transp.	<u></u>		1
	Name (Last First M		donic4		Address		DOB/Age	Sex	Pos. S	System S	tatus Co	le Code	Status	Code	Med Lahey C	lical Facility	
	Operate	or/Non-Mo	uorist		See Above			$\triangle$	1 3	4	0	0	8	2			-
										$\perp$							-
			·														



motor vehicle crash with severe injuries in front of 207-253 Main St in Wilmington, Rte 38/129. Vehicle 1, a motorcycle was traveling south along Rte 38/129/Main St, in Wilmington. Vehicle 2 was attempting to make a left hand turn into the Wilmington Crossin parking lot. Vehicle 1 was unable to stop and a collision occured. The operator of vehicl 1 was transported to Lahey Hospital, Burlington. The operator of vehicle 2 was also transported to Lahey Hospital. Vehicle 1 was a total loss. Vehicle 2 had significant damage along the right side of the vehicle. Both vehicles were towed from the scene by A& towing after MA State Police Accident Reconstruction concluded their on-scene investigation.

See Incident Report: 20-1339-OF

Witnesses:

Name (Last,First,Middle)	Address		Phone #	Phone #			
TRAN ANDY HINH		23 DUDLEY RD	TEWKSBURY MA	01876-4	406		
CUNHA NICOLE TORRES	575 NORTH	ST TEWKSBURY	MA 018	76			
Property Damage:							
Owner (Last,First,Middle)	Address		Phone #	41-Type	Description of Damaged	Property	
Truck and Bus Information:  Carrier Name	Registration #		*O. O. O			Bus Use	42
Address			City		St	_ Zip	
US DOT #:	State Number	-	_ Issuing State	MC/MX/	ICC #:		
Interstate 43 Cargo Body Ty	rpe Code	GVWR/GCWR	45				
Trailer Reg #:	Reg Type	Reg State	Reg Year	——— Trail	er Length 46		
Hazmat Information:							
Placard 47 Material 1 digit #	48 Material Name	)		Material 4 dig	it #F	Release code	49

Patrol Officer Nicholas E Noftle

204

Wilmington Police Department

10/24/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department Precinct/Barracks

Date

## Wilmington Police Department Images Associated with 20-234-AC













## Wilmington Police Department Images Associated with 20-234-AC







